Desert Montessori School

Credit Card Payment Authorization Form

Student 1 Name: _____ Student 2 Name: _____

Student 3 Name: _____ Student 4 Name: _____

By completing this form, I authorize DESERT MONTESSORI SCHOOL to keep my signature and credit card number on file and to charge my credit card for my child's tuition, summer camp, and/or all outstanding non-tuition fees (Aftercare, lunches, field trips, etc.). I understand that this form is valid unless I cancel the authorization via written notice and replace it with an updated authorization form or post-dated checks to cover the remaining tuition payments and fees.

I understand that a 3% processing fee will be added at the time of the charge.

PRINT CARDHOLDER NAME (as it appears on card): _____

CARDHOLDER SIGNATURE: _____

Please circle one: Visa MC AmEx

CARD NUMBER: _____ Expiration date _____

CREDIT CARD BILLING ADDRESS: _____

_____

For Official Use Only

Date	Month/Description	Amount	Authorization #	Staff Initials